

ATTACHMENT 9 – PAST PERFORMANCE EVALUATION (PPE) ORDER FORM

To order, complete the necessary online documentation at www.ppereports.com

SECTION ONE: ABOUT YOUR COMPANY

Enter name and contact information for the company on which the past performance evaluation is to be prepared:

(COMPANY NAME)

(DUNS NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)

(YOUR NAME)

(TITLE)

(E-MAIL ADDRESS)

(COMPANY PHONE NUMBER)

(COMPANY FAX NUMBER)

If you don't know your company's DUNS number, call (800) 333-0505 or look it up online at:
[***http://dnb.com/US/duns_update/index.html***](http://dnb.com/US/duns_update/index.html)

SECTION TWO: REPORT RECIPIENTS

One copy of the past performance evaluation report will be sent to the individual listed in Section 1. One additional copy will be sent to the agency specified below (additional copies can be sent to additional recipients for a fee of \$25 per additional recipient – attach additional sheets as necessary):

onthego@gsa.gov, subject: Open Ratings Report for [insert contractor name]
GSA Federal Acquisition Service (QMAD)
2200 Crystal Drive, Room 300 Arlington, VA 22202
Phone (703) 605-5616 FAX (703) 605-9935
Attn: Travel Services Solution Contracting Officer
RFP# QMAD-CY-090001-B

SECTION THREE: PAYMENT INFORMATION

All payments must be made online; Visa, American Express, and Mastercard are accepted

I AGREE TO PAY \$175 FOR THE PREPARATION/DISTRIBUTION OF MY PAST PERFORMANCE EVALUATION, COPIES OF WHICH WILL BE PROVIDED BOTH TO MY COMPANY AND ONE RECIPIENT IDENTIFIED IN SECTION TWO ABOVE.

I ALSO AGREE TO PAY \$25 FOR EACH ADDITIONAL COPY THAT I HAVE REQUESTED BE DISTRIBUTED TO ADDITIONAL RECIPIENTS IDENTIFIED IN SECTION TWO.

QUESTIONS? CONTACT OPEN RATINGS AT reports@openratings.com

SECTION FOUR: CUSTOMER REFERENCES

PLEASE PROVIDE INFORMATION ON 20 RECENT CUSTOMERS TO BE SURVEYED; INCLUDING ALL PROJECTS IDENTIFIED UNDER FACTOR ONE.

***REPRODUCE ADDITIONAL PAGES, AS NECESSARY**

CUSTOMER NAME: _____
DUNS NUMBER: _____
CITY/STATE: _____
NAME OF CONTACT: _____
PHONE: _____ **FAX:** _____
E-MAIL: _____

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DUNS NUMBER: _____
CITY/STATE: _____
NAME OF CONTACT: _____
PHONE: _____ **FAX:** _____
E-MAIL: _____

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E-MAIL: _____

CUSTOMER NAME: _____

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CITY/STATE: _____

NAME OF CONTACT: _____

PHONE: _____ FAX: _____

E-MAIL: _____